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Authors

Obedin-Maliver, Juno
Lisha, Nadra
Breyer, Benjamin N
et al.

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More Similarities Than Differences? An Exploratory Analysis Comparing the Sexual Complaints, Sexual Experiences, and Genitourinary Health of Older Sexual Minority and Sexual Majority Adults



Juno Obedin-Maliver, MD, MPH, MAS,¹ Nadra Lisha, PhD,² Benjamin N. Breyer, MD, MAS,^{3,4} Leslee L. Subak, MD,⁵ and Alison J. Huang, MD, MAS^{3,4,6}

ABSTRACT

Background: Little is known about sexual problems and genitourinary health of older sexual minority adults, who comprise up to 4% of the adult population but may differ in experiences of genitourinary aging, given known health disparities and behavior differences.

Aim: To examine and compare genitourinary and sexual complaints among older sexual minority and sexual majority adults.

Methods: We analyzed data from the 2010–2011 National Social Life, Health, and Aging Project (NSHAP), a nationally representative sample of older community-dwelling U.S. adults. Sexual minority men were defined as those who have sex with men or with both women and men. Sexual minority women were those who have sex with women or with both women and men. Descriptive statistics, weighted frequencies, and the chi-square test were used to compare outcomes by sexual orientation group and gender.

Main Outcome Measures: Structured questionnaires examined sexual activity, practices, and genitourinary problems such as erectile dysfunction, insufficient vaginal lubrication, and urinary incontinence (UI).

Results: Of 2,813 participants (median age 69.6 years), 4.2% were sexual minorities (5.3% of men, 3.5% of women). Among men, sexual minorities were more likely to report UI (35.6% vs 21.8%; $P = .029$), but otherwise the 2 groups had similar prevalences of other urinary symptoms, importance of sexual activity, sexual practices, sexual activity within the last 3 months, and erectile difficulty ($P > .10$ for all). Among women, sexual minorities were more likely to report receiving oral sex (42.5% vs. 21.2%; $P = .004$), but otherwise the 2 groups had similar prevalences of UI, other urinary symptoms, importance of sexual activity, sexual activity within the last 3 months, and difficulty with lubrication ($P > .10$ for all).

Clinical Implications: Sexual activity and sexual problems may be as common among older sexual minority adults as in their sexual majority counterparts, whereas UI may be more common in sexual minority men compared with sexual majority men. Therefore, clinicians should employ culturally-relevant health screening, diagnosis, and treatment to ensure reaching all adults regardless of sexual orientation.

Strengths & Limitations: Strengths include a national population-based sample of older adults that describes sexual and genitourinary health. Statistical power was limited by the small numbers of sexual minority individuals.

Conclusion: Here we provide new evidence that older sexual minority men may experience UI more often than sexual majority men, and that sexual practices may differ between sexual minority and majority women, but frequency of sexual problems is similar. Given the challenges faced by sexual minority individuals in accessing equitable health care, clinicians must ensure that diagnosis and treatment are relevant to people of all sexual orientations. **Obedin-Maliver J, Lisha N, Breyer BN. More Similarities Than Differences? An**

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¹Department of Obstetrics and Gynecology, Stanford University School of Medicine, Stanford, CA, USA;

²Center for Tobacco Control Research and Education and Division of General Internal Medicine, University of California, San Francisco, CA, USA;

³Department of Urology, San Francisco General Hospital, University of California, San Francisco, CA, USA;

⁴Department of Epidemiology and Biostatistics, University of California, San Francisco, CA, USA;

⁵Department of Obstetrics and Gynecology, Stanford University School of Medicine, Stanford, CA, USA;

⁶Department of Medicine, University of California, San Francisco, CA, USA

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Key Words: Lesbian; Gay; Bisexual; Sexual Minority; LGBT; Sexual Orientation; Genitourinary; Urinary Incontinence; Sexual Health

INTRODUCTION

Sexual and genitourinary complaints are common, but the prevalence of these problems among sexual minority adults, who compose approximately 4% of the U.S. population, is unknown. Scant data are available on the experiences of older sexual minority adults, who may differ from older sexual majority adults in their experience or desired treatment of aging-related genitourinary and sexual problems. Sexual minority and majority adults differ in risk factors for sexual and genitourinary problems, such as obesity, cardiometabolic disease,¹ depression, substance use, pregnancy/parturition, genitourinary infections (eg, HIV and other sexually transmitted infections), and healthcare utilization.² These risk factors may lead to differences in frequency, severity, or both of sexual problems, sexual experiences, and genitourinary symptoms, including incontinence, not previously explored in a cohort of older adults. In the present study, we examined a population-based sample of older adults' sexual problems, sexual experiences, and genitourinary health by sexual minority/majority group.

MATERIALS AND METHODS

We performed a cross-sectional secondary analysis of the 2010–2011 wave of the National Social Life, Health, and Aging Project (NSHAP), a nationally representative study of community-dwelling older U.S. adults who were age 57–85 years in 2004. Details of the NSHAP cohort have been reported elsewhere.³ The NSHAP's self-administered questionnaires explored sexual activity, experiences, and problems. Additionally, unique to an older nationally representative population cohort, the questionnaires described sexual partner gender. Here we considered men who reported any sexual activity with other men as sexual minority men and considered women who reported any sexual activity with other women as sexual minority women. Participants who were exclusively sexually active with opposite-gender individuals were considered sexual majorities.

Structured questionnaires assessed past 12-month frequency of sexual activity, importance of sexual activity, and sexual behaviors, such as engagement in oral sex or vaginal intercourse. We used difficulty with erection (men) and vaginal lubrication (women) as examples of common sexual problems that increase in prevalence with age.^{4,5} Questionnaires also assessed urinary incontinence (UI) occurring at least “a few times a month” and urinary problems, including incomplete emptying, weak stream, straining to begin urination, or difficulty postponing urination.

Analyses were conducted using SAS, version 8 (SAS Institute, Cary, NC, USA). Sampling weights accounted for nonresponse.⁶ Stratification and clustering supported standard error calculations and corresponding tests of statistical significance. The chi-square test was used for comparisons.

RESULTS

The 2,813 participants included 1,213 men (5.4% sexual minority men) and 1,600 women (3.5% sexual minority women). The median patient age was 69.6 years. Although sexual minority women had higher educational attainment ($P = .02$) and lower levels of diabetes ($P = .02$), there were no other significant demographic or health condition differences among the groups (Table 1).

Sexual activity in the last 3 months and the importance of sexual activity were common and as frequent among sexual minority women and men as in their sexual majority counterparts (Table 1). In addition, sexual problems were equally common between groups, including 45.9% of sexual minority men reporting erection difficulties and 27.4% of sexual minority women reporting trouble with lubrication. Urinary problems were common among sexual minority groups and of comparable prevalence as in their sexual majority counterparts. Notably, among men, sexual minorities were more likely to report UI (35.6% vs. 21.8%; $P = .029$). Among women, oral intercourse was more common among sexual minorities compared with sexual majorities (42.5% vs 21.1%; $P = .0041$).

DISCUSSION

Our findings demonstrate that sexual minority and sexual majority older adults have similar demographic characteristics, health conditions, frequency of sexual activity, sexual behaviors, and sexual problems, with 2 notable exceptions: more frequent UI among sexual minority men and more frequent receipt of oral sex among sexual minority women. The difference in UI prevalence between groups of men may be real, perhaps reflecting differences in risk factors, but also may stem from differences in reporting thresholds, confounding, or chance.

These findings are despite well-documented differences in sexual and genitourinary problem risk factors and certain health conditions (eg, asthma, cancers, cardiometabolic disorders, pregnancy, smoking, substance use, prevalence of certain genitourinary infections, access to health care, employment, medical care discrimination)^{1,2,4,5,7} between sexual minority and sexual

Table 1. Demographic characteristics and genitourinary and sexual health outcomes by sexual orientation in the National Social Life, Health, and Aging Project cohort of older adults in the United States

| Parameter | Sexual minority women (n = 56) | Sexual majority women (n = 1,544) | P value | Sexual minority men (n = 64) | Sexual majority men (n = 1,149) | P value |
|--|--------------------------------|-----------------------------------|---------|------------------------------|---------------------------------|---------|
| Demographic data and health conditions | | | | | | |
| Age, y, mean \pm SE | 68.9 \pm 0.78 | 70.9 \pm 0.31 | .085 | 73.4 \pm 0.36 | 71.5 \pm 0.29 | .96 |
| Race/ethnicity, n (%) | | | .40 | | | .53 |
| White | 44 (88.7) | 1,179 (85.5) | | 53 (89.0) | 917 (86.7) | |
| Nonwhite | 12 (11.3) | 360 (14.5) | | 11 (11.0) | 229 (13.3) | |
| Married or living with a partner, n (%) | 32 (51.6) | 957 (59.6) | .21 | 45 (69.9) | 935 (78.8) | .24 |
| Education, n (%) | | | .020 | | | .22 |
| Less than high school | 4 (8.0) | 290 (15.7) | | 5 (6.0) | 218 (14.8) | |
| High school or GED | 7 (11.8) | 400 (26.4) | | 15 (21.2) | 265 (21.9) | |
| Vocational/some college | 21 (33.4) | 547 (38.1) | | 16 (25.0) | 324 (28.4) | |
| Bachelor's or more | 24 (46.8) | 307 (19.8) | | 28 (47.8) | 342 (35.0) | .22 |
| Stroke in the last 5 y, n (%) | 6 (11.3) | 124 (14.9) | .51 | 10 (20.1) | 119 (11.1) | .23 |
| Diabetes, n (%) | 8 (11.3) | 358 (21.9) | .020 | 19 (17.1) | 283 (33.2) | .49 |
| Heart disease, n (%) | 11 (18.8) | 365 (23.3) | .49 | 25 (41.2) | 374 (29.8) | .30 |
| Pregnancies, n (%) | | | .096 | | | NA |
| 0 | 9 (24.3) | 95 (7.2) | | NA | NA | |
| 1 | 6 (11.8) | 140 (10.6) | | NA | NA | |
| 2 | 14 (24.7) | 363 (28.9) | | NA | NA | |
| 3+ | 20 (39.2) | 702 (52.0) | | NA | NA | |
| BMI, mean \pm SE | 29.7 \pm 0.64 | 33.1 (3.7) | .38 | 29.1 (1.5) | 26.6 (0.19) | .74 |
| Genitourinary and sexual health outcomes | | | | | | |
| Urinary incontinence | 23 (39.6) | 594 (40.8) | .88 | 21 (35.6) | 256 (21.8) | .029 |
| Urinary problems | 8 (13.5) | 259 (17.8) | .44 | 17 (28.6) | 303 (28.2) | .95 |
| Sexual importance very/extremely | 7 (11.5) | 196 (15.1) | .53 | 22 (40.0) | 326 (34.4) | .44 |
| Sexual activity in the last 3 mo | 18 (27.5) | 504 (33.2) | .38 | 32 (49.2) | 517 (47.1) | .77 |
| Sex frequency in last 12 mo, ≥ 2 times/mo | 13 (41.8) | 390 (43.1) | .91 | 26 (50.2) | 398 (43.3) | .45 |
| Vaginal intercourse \geq sometimes | 18 (51.9) | 515 (54.2) | .78 | NA | NA | NA |
| Trouble with vaginal lubrication | 13 (27.4) | 310 (26.3) | .86 | NA | NA | NA |
| Receiving oral sex \geq sometimes | 13 (42.5) | 188 (21.1) | .0041 | 12 (23.7) | 214 (25.7) | .78 |
| Erection difficulty | NA | NA | NA | 29 (45.9) | 432 (43.3) | .74 |

The n (%) values are raw number and weighted proportion, accounting for missing values. Significant P values are in bold type.

*Includes black/African-American, American Indian or Alaska Native, and Asian or Pacific Islander.

majority individuals that would put sexual minority individuals at higher risk, perhaps reflecting a healthy survivor phenomena. Complaints with parity between the groups, such as erectile dysfunction and insufficient vaginal lubrication, are notable because current screening, diagnostic, and treatment strategies do not usually account for differences (ie, behavioral or experiential) between sexual minority and majority groups. For example, among prostate cancer survivors, although the frequency of erectile dysfunction did not differ between sexual majority and sexual minority men, the level of bother did differ.⁸

Despite robust national probability sampling in this cohort, our sample of older adult sexual minorities was small. Therefore, a limitation of this analysis is low statistical power to detect minor differences in genitourinary or sexual outcomes, and our findings

should be considered preliminary with limited generalizability. Concerns about small sample sizes of sexual minority adults in population-based samples have prompted calls for universal inclusion of sexual orientation metrics in national health survey and census data,⁹ as well as meaningful oversampling of sexual minority individuals in topic-specific health studies.^{7,10}

Nonetheless, our present results demonstrate that common issues affecting sexual majority individuals as they age (ie, sexual and genitourinary problems) also affect sexual minorities, which to our knowledge is a new finding. Our results also suggest that the frequency and perceived importance of sexual activity are similar between older sexual minority and majority adults. Therefore, as individuals age, clinicians should attend to their sexual health needs, with adaptation by sexual orientation group. We hope that

our report will motivate researchers and clinicians to frame investigational and clinical environments to be welcoming and culturally relevant for individuals of all sexual orientations, including developing diagnostic and investigational tools appropriate for and, when necessary, specific to sexual minorities.

CONCLUSION

Sexual health and activity are important to older sexual minority and majority individuals, and genitourinary and sexual complaints are also common in these groups. We present new evidence suggesting that UI may be more common in sexual minority men and that sex practices may differ between sexual minority and majority women. However, sexual minority and majority groups had more similarities than differences. These findings highlight the need for screening, diagnosis, and treatment that is culturally relevant and appropriate for all older adults regardless of sexual orientation.

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Corresponding Author: Juno Obedin-Maliver, MPH, MAS, Department of Obstetrics and Gynecology, Stanford University School of Medicine, 300 Pasteur Drive, HG332, Stanford, CA 94305. Tel: 650-725-7784; E-mail: junoom@stanford.edu

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STATEMENT OF AUTHORSHIP

Category 1

(a) Conception and Design

Juno Obedin-Maliver and Alison J. Huang

(b) Acquisition of Data

Nadra Lisha and Alison J. Huang

(c) Analysis and Interpretation of Data

Juno Obedin-Maliver, Nadra Lisha, Benjamin N. Breyer, Leslee L. Subak, and Alison J. Huang

Category 2

(a) Drafting the Article

Juno Obedin-Maliver, Nadra Lisha, and Alison J. Huang

(b) Revising It for Intellectual Content

Juno Obedin-Maliver, Nadra Lisha, Benjamin N. Breyer, Leslee L. Subak, and Alison J. Huang

Category 3

(a) Final Approval of the Completed Article

Juno Obedin-Maliver, Nadra Lisha, Benjamin N. Breyer, Leslee L. Subak, and Alison J. Huang

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